07115 Document 15-2 Filed 01/	/10/2008 Page 1 of 1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to: Oran FISCIS Emilyotawal	If YES, enter delivery address below: — 115
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officest met one	
U.S. DHS	3. Service Type
20 massachusetts Ave Ni	In registered In research
120m 4025 0 2036	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	
(Transfer from service label)	
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
	4
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United States Postal Service	First-Class Mail Postage & Fees Paid
	USPS Permit No. G-10
<u> </u>	
• Sender: Please print your name, a	address, and ZIP+4 in this box •
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